



MCLS Certificate of Library Development in Soft Skills Application Form

Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

COURSE

DATE COMPLETED

LIVE or RECORDED (circle one)

Accountability at Work	_____	Live	Recorded
Workplace Etiquette	_____	Live	Recorded
Critical Thinking	_____	Live	Recorded
Emotional Intelligence	_____	Live	Recorded
Productive Work Habits	_____	Live	Recorded
Resilience in the Workplace	_____	Live	Recorded

Note: Only five courses are needed to receive your Soft Skills certificate.

Signature: _____ Date: _____

Email this form to training@mcls.org (preferred) or fax to the training department at (517) 492-3878 or

Mail to: Midwest Collaborative for Library Services
 Attn: Training Department
 1407 Rensen Street, Suite 1
 Lansing, MI 48910